

**ISSUE SLIP STAPLE AREA (for additional cross references)**

| <b>POSITION</b>                  | <b>INITIALS</b> | <b>ID NO.</b> | <b>DATE</b> |
|----------------------------------|-----------------|---------------|-------------|
| <b>FEE DETERMINATION</b>         |                 |               |             |
| <b>O.I.P.E. CLASSIFIER</b>       |                 |               |             |
| <b>FORMALITY REVIEW</b>          |                 |               |             |
| <b>RESPONSE FORMALITY REVIEW</b> |                 |               |             |

**INDEX OF CLAIMS**

|   |                               |         |              |
|---|-------------------------------|---------|--------------|
| ✓ | Rejected                      | N ..... | Non-elected  |
| = | Allowed                       | I ..... | Interference |
| — | (Through numeral)... Canceled | A ..... | Appeal       |
| ÷ | Restricted                    | O ..... | Objected     |

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 5/20/85 |
| 2        | 3/1/85  |
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| 15       | ✓ ✓     |
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| 19       | ✓ ✓     |
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| 25       | ✓ ✓     |
| 26       | ✓ ✓     |
| 27       | ✓ ✓     |
| 28       | ✓ ✓     |
| 29       | ✓ 0     |
| 30       | ✓ 0     |
| 31       | ✓ 0     |
| 32       | ✓ ✓     |
| 33       | ✓ ✓     |
| 34       | ✓ ✓     |
| 35       | ✓ ✓     |
| 36       | ✓ ✓     |
| 37       | ✓ 0     |
| 38       | ✓ c     |
| 39       | ✓ 0     |
| 40       | ✓ ✓     |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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**Best Available Copy**